


Kristina D. Lawson, J.D., Chair
Panel B

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8 *Attorneys for Complainant*

9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation Against:

14 **CHUAN MINH NGUYEN, M.D.**
15 **710 N Euclid Street, #301**
Anaheim, CA 92801

16 **Physician's and Surgeon's Certificate**
17 **No. A 63490,**

18 Respondent.

Case No. 800-2017-029588

OAH No. 2018080704

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
23 of California (Board). She brought this action solely in her official capacity and is represented in
24 this matter by Xavier Becerra, Attorney General of the State of California, by Rosemary F.
25 Luzon, Deputy Attorney General.

26 2. Respondent Chuan Minh Nguyen, M.D. (Respondent) is represented in this
27 proceeding by attorneys Dennis Ames, Esq. and Poge Henderson, Esq., whose address is:
28 2677 North Main Street, Suite 901, Santa Ana, CA 92705-6632.

3. On or about September 19, 1997, the Board issued Physician's and Surgeon's Certificate No. A 63490 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-029588, and will expire on July 31, 2019, unless renewed.

JURISDICTION

4. On or about July 3, 2018, Accusation No. 800-2017-029588 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on or about July 3, 2018. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2017-029588 is attached as Exhibit A and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-029588. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws, having been fully advised of same by his attorneys of record, Dennis Ames, Esq. and Pogey Henderson, Esq.

7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 the Board, any member thereof, and/or any other person from future participation in this or any
2 other matter affecting or involving Respondent. In the event that the Board does not, in its
3 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the
4 exception of this paragraph, it shall not become effective, shall be of no evidentiary value
5 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party
6 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order
7 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any
8 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this
9 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

10 **ADDITIONAL PROVISIONS**

11 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein
12 to be an integrated writing representing the complete, final and exclusive embodiment of the
13 agreements of the parties in the above-entitled matter.

14 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
15 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
16 signatures thereto, shall have the same force and effect as the originals.

17 15. In consideration of the foregoing admissions and stipulations, the parties agree that
18 the Board may, without further notice to or opportunity to be heard by Respondent, issue and
19 enter the following Disciplinary Order:

20 **DISCIPLINARY ORDER**

21 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 63490 issued
22 to Respondent Chuan Minh Nguyen, M.D., is revoked. However, the revocation is stayed and
23 Respondent is placed on probation for three (3) years from the effective date of the Decision on
24 the following terms and conditions.

25 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
26 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
27 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
28 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at

1 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
2 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
3 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
4 completion of each course, the Board or its designee may administer an examination to test
5 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
6 hours of CME of which 40 hours were in satisfaction of this condition.

7 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
8 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
9 advance by the Board or its designee. Respondent shall provide the approved course provider
10 with any information and documents that the approved course provider may deem pertinent.
11 Respondent shall participate in and successfully complete the classroom component of the course
12 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
13 complete any other component of the course within one (1) year of enrollment. The medical
14 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
15 Medical Education (CME) requirements for renewal of licensure.

16 A medical record keeping course taken after the acts that gave rise to the charges in the
17 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
18 or its designee, be accepted towards the fulfillment of this condition if the course would have
19 been approved by the Board or its designee had the course been taken after the effective date of
20 this Decision.

21 Respondent shall submit a certification of successful completion to the Board or its
22 designee not later than 15 calendar days after successfully completing the course, or not later than
23 15 calendar days after the effective date of the Decision, whichever is later.

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1 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
2 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
3 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
4 licenses are valid and in good standing, and who are preferably American Board of Medical
5 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
6 relationship with Respondent, or other relationship that could reasonably be expected to
7 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
8 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
9 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

10 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
11 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
12 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
13 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
14 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
15 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
16 signed statement for approval by the Board or its designee.

17 Within 60 calendar days of the effective date of this Decision, and continuing throughout
18 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
19 make all records available for immediate inspection and copying on the premises by the monitor
20 at all times during business hours and shall retain the records for the entire term of probation.

21 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
22 date of this Decision, Respondent shall receive a notification from the Board or its designee to
23 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
24 shall cease the practice of medicine until a monitor is approved to provide monitoring
25 responsibility.

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1 The monitor shall submit a quarterly written report to the Board or its designee which
2 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
3 are within the standards of practice of medicine, and whether Respondent is practicing medicine
4 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
5 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
6 preceding quarter.

7 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
8 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
9 name and qualifications of a replacement monitor who will be assuming that responsibility within
10 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
11 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
12 notification from the Board or its designee to cease the practice of medicine within three (3)
13 calendar days after being so notified. Respondent shall cease the practice of medicine until a
14 replacement monitor is approved and assumes monitoring responsibility.

15 In lieu of a monitor, Respondent may participate in a professional enhancement program
16 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
17 review, semi-annual practice assessment, and semi-annual review of professional growth and
18 education. Respondent shall participate in the professional enhancement program at
19 Respondent's expense during the term of probation.

20 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
21 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
22 Chief Executive Officer at every hospital where privileges or membership are extended to
23 Respondent, at any other facility where Respondent engages in the practice of medicine,
24 including all physician and locum tenens registries or other similar agencies, and to the Chief
25 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
26 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
27 calendar days.

28 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

1 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
2 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
3 advanced practice nurses.

4 6. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
5 governing the practice of medicine in California and remain in full compliance with any court
6 ordered criminal probation, payments, and other orders.

7 7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
8 under penalty of perjury on forms provided by the Board, stating whether there has been
9 compliance with all the conditions of probation.

10 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
11 of the preceding quarter.

12 8. GENERAL PROBATION REQUIREMENTS.

13 Compliance with Probation Unit

14 Respondent shall comply with the Board's probation unit.

15 Address Changes

16 Respondent shall, at all times, keep the Board informed of Respondent's business and
17 residence addresses, email address (if available), and telephone number. Changes of such
18 addresses shall be immediately communicated in writing to the Board or its designee. Under no
19 circumstances shall a post office box serve as an address of record, except as allowed by Business
20 and Professions Code section 2021(b).

21 Place of Practice

22 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
23 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
24 facility.

25 License Renewal

26 Respondent shall maintain a current and renewed California physician's and surgeon's
27 license.

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1 Travel or Residence Outside California

2 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
3 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
4 (30) calendar days.

5 In the event Respondent should leave the State of California to reside or to practice,
6 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
7 departure and return.

8 9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
9 available in person upon request for interviews either at Respondent's place of business or at the
10 probation unit office, with or without prior notice throughout the term of probation.

11 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
12 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
13 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
14 defined as any period of time Respondent is not practicing medicine as defined in Business and
15 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
16 patient care, clinical activity or teaching, or other activity as approved by the Board. If
17 Respondent resides in California and is considered to be in non-practice, Respondent shall
18 comply with all terms and conditions of probation. All time spent in an intensive training
19 program which has been approved by the Board or its designee shall not be considered non-
20 practice and does not relieve Respondent from complying with all the terms and conditions of
21 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
22 on probation with the medical licensing authority of that state or jurisdiction shall not be
23 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
24 period of non-practice.

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1 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
2 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
3 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
4 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
5 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

6 Respondent's period of non-practice while on probation shall not exceed two (2) years.

7 Periods of non-practice will not apply to the reduction of the probationary term.

8 Periods of non-practice for a Respondent residing outside of California will relieve
9 Respondent of the responsibility to comply with the probationary terms and conditions with the
10 exception of this condition and the following terms and conditions of probation: Obey All Laws;
11 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
12 Controlled Substances; and Biological Fluid Testing.

13 11. COMPLETION OF PROBATION. Respondent shall comply with all financial
14 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
15 completion of probation. Upon successful completion of probation, Respondent's certificate shall
16 be fully restored.

17 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
18 of probation is a violation of probation. If Respondent violates probation in any respect, the
19 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
20 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
21 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
22 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
23 be extended until the matter is final.

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1 13. LICENSE SURRENDER. Following the effective date of this Decision, if
2 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
3 the terms and conditions of probation, Respondent may request to surrender his license. The
4 Board reserves the right to evaluate Respondent's request and to exercise its discretion in
5 determining whether or not to grant the request, or to take any other action deemed appropriate
6 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
7 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
8 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
9 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
10 application shall be treated as a petition for reinstatement of a revoked certificate.

11 14. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
12 with probation monitoring each and every year of probation, as designated by the Board, which
13 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
14 California and delivered to the Board or its designee no later than January 31 of each calendar
15 year.

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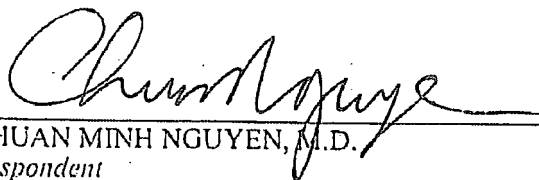
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Dennis Ames, Esq. and Poge Henderson, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 63490. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED:

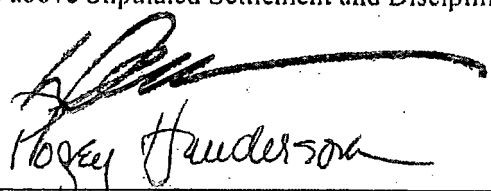
01/10/2019


CHUAN MINH NGUYEN, M.D.
Respondent

I have read and fully discussed with Respondent Chuan Minh Nguyen, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED:

1/10/19


DENNIS AMES, ESQ.
POGEY HENDERSON, ESQ.
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 1/10/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General


ROSEMARY F. LUZON
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-029588

1 XAVIER BECERRA
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2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 ROSEMARY F. LUZON
Deputy Attorney General
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8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 3 20 18
BY SAIA ANALYST

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2017-029588

14 **Chuan Minh Nguyen, M.D.**
15 **710 N Euclid Street, #301**
Anaheim, CA 92801

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 63490,**

18 **Respondent.**

19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On or about September 19, 1997, the Medical Board issued Physician's and
25 Surgeon's Certificate No. A 63490 to Chuan Minh Nguyen, M.D. (Respondent). The Physician's
26 and Surgeon's Certificate No. A 63490 was in full force and effect at all times relevant to the
27 charges brought herein and will expire on July 31, 2019, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2220 of the Code states:

“Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. . .” [Chapter 5, the Medical Practice Act.]

5. Section 2227 of the Code states:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

“(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

“...”

6. Section 2234 of the Code states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

“(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

“(b) Gross negligence.

“(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

“(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

“(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

“ ”
• • •

7. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 63490 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient A and Patient B, as more particularly alleged hereinafter:¹

¹ References to “Patient A” and “Patient B” herein are used to protect patient privacy.

1 9. From on or about January 29, 2016 until December 19, 2016, Respondent treated both
2 Patient A and Patient B for their primary care needs. Patient A and Patient B were previously
3 under the care of a primary care physician who worked at the same facility as Respondent.
4 Patient A's medical history included a prior stroke and speech difficulties secondary to the stroke.
5 Consequently, during each visit with Respondent, Patient A was accompanied by Patient B, who
6 is Patient A's primary caretaker and spouse.

7 **Patient A**

8 10. On or about January 29, 2016, Patient A first saw Respondent to establish care. For
9 this visit, Respondent noted that Patient A presented with a chief complaint of chest pain. In
10 addition, Patient A inquired about how much Coumadin to take. In the History of Present Illness
11 section of the corresponding medical record, Respondent noted that Patient A had no systemic,
12 cardiovascular, pulmonary, or musculoskeletal symptoms, and no additional details of these
13 assessments were noted by Respondent. In the Review of Systems section, Respondent noted that
14 Patient A had no chest pain or discomfort and no headache, dyspnea, localized joint pain, or skin
15 lesions. In the Assessment section, Respondent did not note Patient A's chief complaint of chest
16 pain, her question about Coumadin, or her anti-coagulation management generally. In the Active
17 Problems section, Respondent noted Iron Deficiency Anemia as one of Patient A's active
18 problems.

19 11. On subsequent visits with Patient A, which took place on or about February 26, 2016,
20 April 25, 2016, June 23, 2016, August 22, 2016 and October 20, 2016, respectively, Respondent
21 noted substantially the same information under the History of Present Illness section and Review
22 of Systems section of the corresponding medical records as the initial January 29, 2016 visit.
23 Specifically, in the History of Present Illness section, Respondent repeated that Patient A had no
24 systemic, cardiovascular, pulmonary, or musculoskeletal symptoms and did not provide any
25 details of these assessments. In the Review of Systems section, Respondent repeated that Patient
26 A had no chest pain or discomfort, as well as no headache, dyspnea, localized joint pain, or skin
27 lesions.

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1 12. On each of these visits, Respondent also continued to list Iron Deficiency Anemia as
2 one of Patient A's active problems. In or about October 2016, laboratory tests ordered by
3 Respondent showed no evidence of iron deficiency. On or about December 19, 2016, Respondent
4 saw Patient A for a follow-up visit and, once again, Respondent listed Iron Deficiency Anemia as
5 one of Patient A's active problems.

6 13. Between on or about January 29, 2016 and December 19, 2016, Respondent
7 continued Patient A on Coumadin. During this time, Respondent ordered a laboratory test to
8 determine Patient A's International Normalized Ratio (INR) level twice in March 2016, once in
9 April 2016, and once in August 2016.² Respondent noted the INR results from the April 2016
10 and August 2016, tests during his visits with Patient A on or about April 25, 2016 and August 22,
11 2016, respectively. During the January 29, 2016 and December 19, 2016 timeframe, no other INR
12 tests for Patient A were ordered by Respondent and no other notations relating to Patient A's INR
13 levels were made by Respondent in the medical records, including notations referencing whether
14 INR testing was being performed by another provider or the results of such testing.

15 14. Patient A last saw Respondent on or about December 19, 2016.

16 **Patient B**

17 15. On or about January 29, 2016, Patient B first saw Respondent to establish care. In the
18 Active Problems section of the corresponding medical record, Respondent listed cerebrovascular
19 accident (CVA)³ and Diabetes Mellitus Type 2 Uncomplicated/Uncontrolled as active problems
20 for Patient B. In the Past Medical/Surgical History section, Respondent also noted "CVA 2011
21 with left hemiparesis."⁴ In the History of Present Illness section, Respondent noted that Patient B
22 had no pulmonary symptoms, however, in the Assessment and Plan sections, Respondent noted a
23 diagnosis of bronchitis and prescribed antibiotics to Patient B.

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25 ² The INR is a laboratory measurement of how long it takes blood to form a clot. It is used
26 to determine the effects of oral anticoagulants such as Coumadin on the clotting system. A low
27 INR result means a patient's blood coagulates too easily and puts the patient at risk of developing
28 a blood clot. A high INR result means a patient's blood coagulates too slowly and risks bleeding.

³ CVA is also referred to as a stroke.

⁴ Hemiparesis is weakness of one side of the body, which is commonly caused by stroke.

1 16. On or about February 26, 2016, April 25, 2016, June 23, 2016, August 22, 2016, and
2 October 20, 2016, Patient B saw Respondent for follow-up visits. For each of these visits,
3 Respondent again listed CVA and Diabetes Mellitus Type 2 Uncomplicated/Uncontrolled as
4 active problems for Patient B. Respondent also noted "CVA 2011 with left hemiparesis" in the
5 Past Medical/Surgical History section.

6 17. On or about June 23, 2016, August 22, 2016, and October 20, 2016, Respondent
7 again noted that Patient B had no pulmonary symptoms, however, in the Assessment and Plan
8 sections, Respondent noted a diagnosis of chronic bronchitis and he continued to prescribe
9 antibiotics to Patient B.

10 18. On or about December 19, 2016, Patient B was last seen by Respondent. For this
11 visit, Respondent again listed CVA and Diabetes Mellitus Type 2 Uncomplicated/Uncontrolled as
12 active problems for Patient B. Respondent also noted "CVA 2011 with left hemiparesis" in the
13 Past Medical/Surgical History section. Between on or about January 29, 2016 and December 19,
14 2016, however, laboratory values for Patient B show that Patient B's HgbA1c values were below
15 seven.⁵

16 19. On or about December 12, 2017, Respondent attended an interview as part of the
17 Board's investigation. During the interview, Respondent stated that the CVA with hemiparesis
18 history noted for Patient B was likely an error as he did not recall Patient B having a CVA.

19 20. Respondent committed repeated negligent acts in his care and treatment of Patient A,
20 which included, but was not limited to the following:

21 (a) Respondent copied substantially the same information from the History of
22 Present Illness and Review of Systems sections of Patient A's medical records for
23 each of the visits taking place between on or about January 29, 2016 and October 20,
24 2016; and

25 (b) Respondent documented Iron Deficiency Anemia as an active problem on
26 all visits with Patient A despite lacking adequate support for the diagnosis.

27 ⁵ HgbA1c values measure blood sugar control over the prior three-month period. HgbA1c
28 values that fall below seven are considered within the desirable range.

21. Respondent committed repeated negligent acts in his care and treatment of Patient B, which included, but was not limited to the following:

(a) Respondent copied the same erroneous history of CVA and CVA with hemiparesis on all visits with Patient B without confirming its accuracy;

(b) Respondent copied the same history of Diabetes Mellitus Type 2 Uncomplicated/Uncontrolled on all visits with Patient B, even though Patient B's HgbA1c values were within the desirable range; and

(c) Respondent assessed Patient B as having bronchitis and prescribed antibiotics accordingly, but he failed to document any history or symptoms relating to a diagnosis of bronchitis.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence)

22. Respondent has subjected his Physician's and Surgeon's Certificate No. A 63490 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A, as more particularly alleged in paragraphs 9 through 14 and paragraph 20, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

23. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to the following:

(a) Respondent failed to document an adequate history, assessment, or diagnosis relative to Patient A's chief complaint of chest pain during the January 29, 2016, visit; and

(b) Respondent continued Patient A on Coumadin over several months without adequate INR testing, monitoring, or documentation that INR testing was being performed by another provider.

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1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Adequate and Accurate Medical Records)**

3 24. Respondent has subjected his Physician's and Surgeon's Certificate No. A 63490 to
4 disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that
5 he failed to maintain adequate and accurate records regarding his care and treatment of Patient A
6 and Patient B, as more particularly alleged in paragraphs 9 through 23, above, which are hereby
7 incorporated by reference and re-alleged as if fully set forth herein.

8 **PRAYER**

9 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
10 and that following the hearing, the Medical Board of California issue a decision:

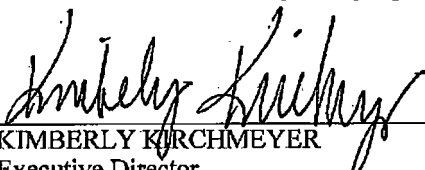
11 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 63490, issued to
12 Respondent Chuan Minh Nguyen, M.D.;

13 2. Revoking, suspending or denying approval of Respondent Chuan Minh Nguyen,
14 M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code, and
15 advanced practice nurses;

16 3. Ordering Respondent Chuan Minh Nguyen, M.D., if placed on probation, to pay the
17 Board the costs of probation monitoring; and

18 4. Taking such other and further action as deemed necessary and proper.

19
20 DATED: July 3, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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